



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF SUPERVISOR IN CHARGE
Debt Adjuster

Form may be used to add or delete the supervisor in charge.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of person with supervisory authority over lending or brokerage activities at the office to be licensed. First initials and P.O. Box addresses are not acceptable.
2. Please complete a **Personal and Business History Statement** form for the new person in charge.
3. Any questions, please contact Justyna Kordowska 860-240-8275 or via e-mail at justyna.kordowska@ct.gov.

Company Name _____ **License Number** _____

DBA Name (if applicable) _____

CURRENT SUPERVISOR IN CHARGE

Name _____
Title _____
Street Address (residential) _____
City, State, Zip Code _____
Date of Birth _____

PROPOSED SUPERVISOR IN CHARGE

Name _____
Title _____
Street Address (residential) _____
City, State, Zip Code _____
Date of Birth _____

Name of person completing this form _____ **Date:** _____

Telephone # _____ **E-mail Address** _____



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Company Name_____

PERSONAL AND BUSINESS HISTORY STATEMENT

(Application for Debt Adjuster License)

- 1. Name_____
- 2. Present Address_____
- 3. Title or Position with Applicant_____
- 4. Date of Birth – Month_____Day_____Year_____
- 5. Place of Birth_____U.S. Citizen_____
- 6. Education (state fully amount of technical or professional training, if any, and where obtained).

7. Give a chronological listing of all employment over the past 20 years. Do not list positions held less than 6 months. If unemployed at any time for more than 6 months, state when or how long and for what reason (attach additional sheets if necessary).

Name of Employer and Address From/To Type of Business Your Position

- 8. a. Have you ever been adjudged a bankrupt?_____
- b. Have you ever been the subject of receivership proceedings?_____
- c. Have you ever made an assignment for the benefit of creditors?_____
- d. Have you ever been refused any license by the Department of Banking or any other governmental body?_____
- e. After such license was granted, was same ever suspended or revoked?_____
- f. Has application for any license ever been withdrawn?_____
- g. Is there any litigation pending against you or any firm or company of which you are now a partner, officer, director or manager?_____
- h. Were you ever a partner, officer, director or manager of any firm or company which was adjudicated a bankrupt or for which a receiver was appointed either during the time or within one year after you were so connected therewith?_____
- i. Have you ever been charged in any suit with any fraudulent or illegal acts in any transaction of any kind or character?_____
- j. Have you ever been involved in any civil litigation of any character arising out of the consumer credit business?_____
- k. Have you ever defaulted in the payment of money collected from others?_____
- l. Have you ever been convicted of any crime (not including motor vehicle traffic misdemeanors)?_____

If your answer to any of the foregoing questions is “yes,” explain the circumstances fully (attach additional sheets if necessary).

9. What experience have you had in the debt adjuster business?

10. Are you at present a partner, officer, director or manager in any other company?_____

The statements above are true, accurate and complete to the best of my knowledge and belief.

Signed_____

STATE OF_____

COUNTY OF_____

On this_____ **day of**_____, **20**_____, **personally appeared**

_____, to me known and known by me to be, the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says that he/she has read, signed and knows the contents thereof, and that the alleged facts therein contained are true to his/her knowledge.

_____ **My Commission Expires**_____
Notary Public